



Nomination Information and Application

The Saved by the Belt program gives law enforcement agencies the opportunity to reward safe motorists and spread the word about the importance of safety belt use.

To reward drivers or passengers whose safety belt use saved their lives, complete the following easy steps after the crash:

- Fill out the nomination form on the back of this brochure. Have the nominee complete the "Nominee Information" section. Extra forms are available at www.michigan.gov/ohsp.
- Send the form to OHSP at the address below or fax it to 517-333-5756.
- Please send photos (if available) and a UD-10 crash form along with the application.

A committee will use the following criteria to issue awards:

- The crash must be serious (more than a fender bender)
- No drugs or alcohol involved on the part of the candidate
- Safety belt must be worn properly (not coded "restraint use unknown")

Qualifying candidates will receive a certificate and small token of appreciation. The certificates can be mailed to the agency for presentation to the recipient, or OHSP can mail them directly to the recipient.

Questions? Please contact the Michigan Office of Highway Safety Planning at 517-336-6477.



4000 Collins Road, P.O. Box 30633, Lansing, MI 48909
517-336-6477 • www.michigan.gov/ohsp

Saved by the Belt Nomination Form

NOMINATOR (OFFICER) INFORMATION			
Nominating Agency			
Contact name		Best time to reach me	
Phone	E-mail		
NOMINEE INFORMATION			
Name			
Home phone		Work phone	
E-mail		Age	
Address			
City	State	Zip	
Allow use of name for media purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, nominee signature			
Willing to participate in formal presentation and/or media event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CRASH INFORMATION			
Date of Crash	Crash report number		Number of passengers
Location			
Investigating officer			
Type of occupant protection: <input type="checkbox"/> Safety belt <input type="checkbox"/> Child safety seat			
Vehicle info: <input type="checkbox"/> car, <input type="checkbox"/> van, <input type="checkbox"/> truck, bus			
Vehicle	Make	Model	Year
Briefly describe crash / Injuries / Damage to vehicle			
Please send the certificate and reward item back to the agency for presentation to the recipient <input type="checkbox"/> Yes <input type="checkbox"/> No . <i>If "No" is checked, the items will be mailed directly to the recipient.</i>			